



Wisconsin Department of Public Instruction  
**PRECOLLEGE SCHOLARSHIP APPLICATION**  
PI-1573 (Rev. 05-06)

**INSTRUCTIONS:** *To the student:* Fill out Section I completely, and have your parent or guardian sign it. Give the form to your teacher, counselor, principal, or to a WEOP staff member for completion of Section II. Students who are disruptive or sent home from precollege programs may forfeit the opportunity for participation in future programs.

*\*Collection of personally identifiable information is used solely for validation purposes and will not be released without written permission.*

**You may attend a maximum of three programs per year.**

**WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION**  
**ATTN: Angie Scott**  
**PRECOLLEGE SCHOLARSHIP PROGRAM**  
**125 SOUTH WEBSTER STREET**  
**P.O. BOX 7841**  
**MADISON, WI 53707-7841**

**SECTION I—STUDENT**

Student's Name Last		First	M.I.	Student's Social Security No.*	Grade Level at Time of Program <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	
Street Address			City	WI	Zip	Telephone Area/No. ( )
Race/Ethnicity <i>Check all that apply (For Statistical Purposes Only)</i> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black/African American			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth <i>Mo./Day/Yr.</i>	School Presently Attending	
				Public School District Name		

List awards received: *If additional space is needed for response, use reverse side.*

In-school activities you are presently involved in; (*clubs, athletics, etc.*): *If additional space is needed for response, use reverse side.*

Outside of school activities you are presently involved in; (*work community, church, etc.*): *If additional space is needed for response, use reverse side.*

Post-secondary school education plans: *If additional space is needed, use reverse side.*

**I HEREBY AUTHORIZE** release of my child's academic records to the DPI.

Signature of Parent/Guardian

Date Signed



**SECTION II—COUNSELOR/TEACHER PRINCIPAL/WEOP COUNSELOR**

**Instructions:** To the teacher, counselor, principal, or WEOP staff member:

- Complete this section and attach a copy of the student's transcript or grade record.
- Forward both to the college or university where the student has applied for admission to a precollege program.
- Please complete the checklist below:

- |                                                                                             |                                    |                             |
|---------------------------------------------------------------------------------------------|------------------------------------|-----------------------------|
| 1. Is the above-named student eligible for free or reduced lunch? .....                     | <input type="checkbox"/> Yes ..... | <input type="checkbox"/> No |
| 2. Is the above named student a likely candidate for post-secondary school education? ..... | <input type="checkbox"/> Yes ..... | <input type="checkbox"/> No |
| 3. Does the applicant have a good school attendance record? .....                           | <input type="checkbox"/> Yes ..... | <input type="checkbox"/> No |
| 4. Do you recommend that the applicant receive a precollege scholarship? .....              | <input type="checkbox"/> Yes ..... | <input type="checkbox"/> No |

Check One

☐ Home School Coordinator ☐ Teacher ☐ Principal ☐ Counselor ☐ WEOP Staff member

Name *Print or type*

Telephone Area/No.

( )

Signature of Designated School/WEOP Representative

Date Signed

